

8-9-04

IFW AF/1645  
Docket No: ACY33484-00  
Patent

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re of Application of: Benjamin J. Metcalf  
Application No.: 10/019,164 Group Art No.: 1645  
Filed: December 20, 2001 Examiner: Patricia Ann Duffy  
For: Production of the Lipidated Form of the Peptidoglycan-Associated  
Lipoproteins of Gram-Negative Bacteria  
Confirmation No.: 3977  
Customer Number: 25291

Commissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450

NOTICE OF APPEAL FROM THE PRIMARY EXAMINER  
TO THE BOARD OF APPEALS

Applicant hereby appeals to the Board of Appeals from the decision of the Primary Examiner mailed May 13, 2004, finally rejecting claims 1-8.

1. REQUEST FOR ORAL HEARING  
☐ An oral hearing is respectfully requested. Pursuant to 37 CFR 1.17(d), the fee is \$290.00.
2. FEE FOR FILING NOTICE OF APPEAL  
Pursuant to 37 CFR 1.17(b), the fee for filing the Notice of Appeal is \$330.00.
3. EXTENSION OF TERM  
The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply.

**CERTIFICATE OF MAILING 37 CFR §1.10**

I hereby certify that this paper and the documents referred to as enclosed therein are being deposited with the United States Postal Service on the date written below in an envelope as "Express Mail Post Office to Addressee" Mailing Label Number ER672186677US addressed to the Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450.

August 6, 2004  
Date

Rose Ann Jastrow  
RoseAnn Jastrow

- (a) ☐ Applicant petitions for an extension of time for the total number of months checked below.

<input type="checkbox"/>	One Month.	Fee in the amount of	\$	110.00
<input type="checkbox"/>	Two Months.	Fee in the amount of	\$	420.00
<input type="checkbox"/>	Three Months.	Fee in the amount of	\$	950.00
<input type="checkbox"/>	Four Months.	Fee in the amount of	\$	1,480.00
<input type="checkbox"/>	Five Months.	Fee in the amount of	\$	2,010.00

If an additional extension of time is required, please consider this a petition therefore.

**(Check and complete the next item, if applicable)**

- ☐ An extension for \_\_\_\_\_ months has already been secured and the fee paid therefore of \$0.00 is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request: \$0.00

- (b) ☒ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.

**4. TOTAL FEE DUE**

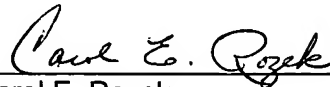
The total fee due is:

Notice of Appeal fee	\$330.00
Extension fee (if any)	0.00
Oral Hearing fee	0.00
<b>TOTAL FEE DUE</b>	<b>\$330.00</b>

**5. FEE PAYMENT**

Charge fee to Deposit Account No. 01-1425. A duplicate of this paper is attached.

If any additional extension and/or fee is required, charge Account No. 01-1425.



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